

ATTACHMENTS SECTION "C"

RESUBMITTED 9-23-06 IN LNC. PEN I WANT APPEAL FORMS

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C. Smyrna DATE: 9/18/06
 GRIEVANT'S NAME: Shane Hopkins SBI#: 253918
 CASE#: 75769 TIME OF INCIDENT: Wed Sept 14th
 HOUSING UNIT: 21-B-1[#] 7

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON SEPT 14th I REVIEWED A COPY OF THIS INSTITUTION'S CLASSIFICATION APPROVAL/DENIAL FORM. MY CLASSIFICATION TO CONTINUED MAX BUILDING #21 WAS A DIRECT RETALIATORY ACT AGAINST ME FOR A CIVIL COMPLAINT (CA. NO. 05-070-SLR) FILED AGAINST SEVERAL CORRECTIONAL OFFICERS.

IT IS THIS INSTITUTION'S POLICY "NOT" TO PROVIDE CLASSIFICATION APPEAL FORMS DISPIE THE FACT THAT I REQUESTED APPEAL FORMS DURING MY CLASSIFICATION IN FRONT OF COUNSELOR SCHRAEDER AND LT. SEACORD. AT THIS CLASSIFICATION I TOLD COUNSELOR SCHRAEDER AND LT. SEACORD THAT BY THIS INSTITUTION'S OWN STANDARDS (WITH ONLY 12 POINTS AND UNDER 3 YEARS) I SHOULD HAVE BEEN MOVED TO THE COMPANY. I WAS DENIED AND BECAUSE OF THIS DENIAL I WAS THE VICTIM OF A VICIOUS AND UNPREVOKED ATTACK BY A MAXIMUM SECURITY INMATE CAUSING ME SERIOUS BODILY HARM.

ACTION REQUESTED BY GRIEVANT: THIS INSTITUTION NEEDS TO SUPPLY APPEAL FORMS FOR ANY EVERY CLASSIFICATION, WRITE UP AND GRIEVANCE. APPEAL FORMS ARE NOT PROVIDED AS A MEANS TO PREVENT AND HINDER RECOURSE THROUGH THE JUDICIAL SYSTEM. I MUST EXHAUST ALL ADMINISTRATIVE REMEDIES. BY DENYING APPEAL FORMS YOU ARE DENYING ACCESS TO THE COURTS

GRIEVANT'S SIGNATURE: Shane Hopkins

DATE: 9/18/06

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

RECEIVED
OCT 09 2006
State Grievance Office

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C. Smyrna

DATE: 9/18/06

GRIEVANT'S NAME: SHANE HOPKINS

SBI#: #253916

CASE#: 75763

TIME OF INCIDENT: 9/16/06 Approx 6:10 P.M.

HOUSING UNIT: 21-B-L #7

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I WAS THE VICTIM OF A UNWARRANTED AND VICIOUS ATTACK CAUSING SERIOUS BODILY HARM BECAUSE OF THIS INSTITUTIONS POLICY OF HOUSING LONG TERM VIOLENT OFFENDERS WITH I/M WITH RELATIVELY SHORT SENTENCES. ANY TIME THE INSTITUTION HOUSES I/M WITH LENGTHY SENTENCES ALONG WITH AND INSIDE CELLS WHERE THEY ARE LOCKED IN TOGETHER FOR 47 HOURS IN AND I OUT YOU PLACE A I/M WITH A SHORT SENTENCE IN EMMINENT AND IMMEDIATE DANGER OF BODILY HARM. AN I/M WITH A LIFE, 20 YEARS, 15 YEARS OR ANY LENGTHY SENTENCE IS FAR MORE LIKELY TO ASSAULT, STEAL, OR POSSIBLY KILL OTHERS THEN AN I/M WITH A SHORT SENTENCE.

ACTION REQUESTED BY GRIEVANT: THAT I NEVER BE HOUSED ALONG WITH I/M THAT BY THIS INSTITUTIONS OWN CLASSIFICATION STANDARDS ARE DEEMED VIOLENT. THAT THIS INSTITUTION STOPS ITS POLICY OF PLACING I/M WITH SHORT SENTENCES ALONG WITH VIOLENT LONG TERM I/M THEREBY PLACING THEM IN DANGER OF PHYSICAL BODILY HARM.

GRIEVANT'S SIGNATURE: SHANE Hopkins

DATE: 9/18/06

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

April '97 REV

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OCT 09 2006
Inmate Grievance Office

FORM #584

GRIEVANCE FORM

FACILITY: D.C.C. Smyrna DATE: 9/23/06
 GRIEVANT'S NAME: Shane Hopkins SBI#: 253918
 CASE#: 75753 TIME OF INCIDENT: Fri 9/22/06
 HOUSING UNIT: 21-B-L#1

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

IT DOES NOT SAY NOWHERE ON THIS GRIEVANCE FORM THAT IT MUST BE WRITTEN IN PEN. I WAS Housed IN THE INFIRMERY AND USED THE ONLY WRITING EQUIPMENT PROVIDED TO ME AFTER 3 DAYS OF CONSTANT REQUESTS.

THIS GRIEVANCE BOARD GOES TO GREAT LENGTHS TO SUMMARILY DISMISS VALID GRIEVANCES SO AS NOT TO DEAL WITH INSTITUTIONAL ISSUES.

I SUBMITTED THESE GRIEVANCES WITHIN THE 7 DAY PERIOD.

ACTION REQUESTED BY GRIEVANT: THAT ALL GRIEVANCES FILED BY ME RECEIVE THE PROPER HEARING DISPITE BEING WRITTEN IN PENCIL AS IT WAS ALL THAT WAS AVAILABLE TO ME.

GRIEVANT'S SIGNATURE: Shane Hopkins DATE: 9/23/06

WAS AN INFORMAL RESOLUTION ACCEPTED? ☐ (YES) ☐ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE

cc: INSTITUTION FILE
GRIEVANT

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